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Grandparents who Care for their Grandchildren

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Alzira is a senior majoring in social work. This research began as a project funded by the Adrian Tinsley Program at Bridgewater State College this past summer under the mentorship of Dr. Arnaa Alcon. Alzira hopes to attend graduate school and pursue a career in hospice.

Introduction

Grandparents caring for their grandchildren is a growing social phenomenon. These adults are a generation older than the child's parents and can be more than 70 years older than the children for whom they care. Do grandparents recognize the increased likelihood that they may become unable to care for their grandchild before the child becomes independent? What arrangements do grandparents who are the sole caregivers for grandchildren put into place for care of the child(ren) in the case of disability or death of the grandparent? These questions, on which the literature is silent, are the subject of this study.

Literature Review

Background and Demographics for the United States and Massachusetts

Analysis of the 2000 Census data reveals that:

- 4.5 million children, 6.3% of all children under age 18, are living in grandparent-headed households;
- this represents a 30% increase in the decade 1990-2000
- in Massachusetts, there are 67,781 children, 4.5% of all children in the state, living in grandparent-headed households (AARP,2005)

Grandparents of all ethnic/racial groups and socioeconomic statuses care for grandchildren, though the majority are White (47%) or African American (29%).

Grandparents become the fulltime caregivers for their grandchildren under a variety of circumstances including substance abuse, teen pregnancy, divorce, incarceration, emotional problems, abuse of the grandchild by a parent, mental and physical illness, including AIDS, and parental death (Fuller-Thomson, et al, 1997; Goodman, 2007; Kroll, 2006; Hayslip, et al, 2003-2004).

Health of the Grandparent

Grandparent caregiving is associated with several negative psychological out-comes including depression, heightened stress, and low life satisfaction (Gerard, Landry-Meyer and Roe, 2006). Rates of depression among custodial grandparent are twice that of non custodial grandparents. The physical health of grandparents is negatively affected by the custodial role. Grandparents also report significantly lower satisfaction with their health than do non-custodial

grandparents. Feelings of isolation are likely to occur as custodial grandparents have less contact with age peers. Suddenly custodial grandparents have less in common with people their own age (Miltnerberger, et al, 2003-2004).

The different legal status of grandparents raising grandchildren

There are a number of different legal statuses that grandparents can have over their grandchildren. Some have temporary guardianship; others may have permanent guardianship or adopt the child. The type of guardianship becomes important in establishing who is responsible for setting up arrangements for the child(ren) in the event of the grandparents death or disability. Options for grandparents vary by state. In Massachusetts relatives and non-relatives alike can become foster parents. Three of the most frequently used types of foster care include kinship care, child-specific care and unrestricted foster care (UMASS, 2002). Kinship care is for children who are living in the home of a relative or significant other adult as stated under the DSS definition for kinship. Child-specific care is for children who are living with someone outside the family with whom they are familiar. Unrestricted foster care is for children who are placed in foster homes with families who have been licensed by the Department as a partnership resource to provide care for a child not previously known to the foster family.

Subsidized Guardianship is offered as a permanency option for children who have been in state custody, but are not likely to return to their parents and are not candidates for adoption. To be eligible for subsidized guardianship the child must live with the caregiver for a minimum of six months while in state custody.

Method Participants

The research sample consisted of eleven grandmothers who met four criteria: 1) they currently are the primary caregiver for at least one grandchild; 2) the grandchild resided in the grandparent's household; 3) the grandchild's parents did not reside in the grandparent's household, and 4) families reside in southeastern Massachusetts. The grandmothers used for this research were recruited from support groups in Brockton, MA and Plymouth, MA and from personal contacts. After the grandparents were identified and recruited, grandparent caregivers were contacted by phone and a date and time was set at their convenience, in their home. The grandparents signed a consent form; a one hour qualitative interview was conducted in English followed by a survey consisting of 27 questions. All interviews were taped and later transcribed for analysis. To supplement these data community leaders were also contacted for an interview. The interviews were approximately half an hour long in length, recorded and transcribed.

The final sample contained eleven grandmothers ranging in age from fifty-one to seventy-five. Five were married, one was separated, three were divorced, and two were widowed. None of them considered themselves Hispanic or Latino, six were Caucasian, four were African American, and one was African American/American Indian. Their annual income ranged from \$0-25,000 to over \$101,000, only two are still employed full time, two were disabled and unable to work, six were retired, and one a homemaker. The majority of the households have income in the range \$0-25,000 annually, with only one over \$100,000 annually, with the other three families falling in-between. Their education was five graduated high school, four had some college, one had a graduate degree and one attended nursing school. In total, these eleven grandmothers care for 19 grandchildren, nine boys, and ten girls, ages four to twenty-three.

These families consist of anywhere from two grandparents in the home with three grandchildren (only one is in the care of the grandparents), a married daughter and her husband, son, and a friend of one of the grandchildren, to a family consisting of one grandmother with her granddaughter. In the families interviewed three report special needs with all the children and three report special needs in a child. The grandmothers reported the children's special needs as psychiatric, individual education planning, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Pervasive Development Disorder, Asperger, reading disability and Bipolar. Four of the grandmothers report being responsible for all the day to day care of the grandchildren, five share the responsibility with a partner or a spouse and two grandchildren are over the age of twenty-one and responsible for themselves. For the children under the age of 21, five grandmothers report making most of the decisions regarding the grandchild's well being alone; four share the decision making with a partner or a spouse. Due to the children's disability, two of the grandmothers anticipate retaining a large measure of day-to-day responsibilities for the grandchildren.

In addition to the grandmothers I also interviewed five community leaders informants: Nicole Welch, a care advisor for Old Colony Elderly Services, Inc., Jass Stewart candidate running for mayor of Brockton, Constance Dilego a social worker/outreach for Plymouth Council on Aging, Representative John A. Lepper from the city of Attleboro, and Anna Deschamps, Assistant Director of the Wrentham Council on Aging.

Findings

Health of the Grandparents

Eight out of the eleven grandparents reported their general health as good to excellent. When asked if in the past four weeks, how much did pain interfere with normal work including both work outside the home and housework, one was extremely bothered,

three were moderately bothered, four were only bothered a little, and three were not bothered by pain at all.

When asked how much of the time during the past four weeks did they have a lot of energy, three reported a little of the time, three some of the time, two a good bit of the time, two most of the time and one reported having energy all of the time.

When asked how much of the time during the past four weeks have they felt calm and peaceful, one reported all of the time, two most of the time, two some of the time, three a little of the time and three never felt calm and peaceful.

What events trigger grandparents to assume the role of parent for their grandchildren and how do they experience that role?

As in the literature, grandparents interviewed came to raise grandchildren for a variety of reasons. In my sample of eleven, the grandparents inherited the grandchildren because of 1% got divorce, 27% were too young to care for the children, 18% were on drugs, 9% had a mental deficit, 9% died young, and 9% had an emotional issue. When I asked the grandmothers what it was like to care for their grandchildren, the faces were different but nine answers were the same: “not easy”. One grandmother actually admitted “I really didn’t want her. I was 43 years old, my daughter was 20, and I had just gone through the horrors of hell with her teenage years.” She later did say that now she considers the granddaughter company. In addition to the drain of everyday life, another reason these grandmothers could be tired is financial. Five of the eleven get some sort of assistance from the state. One grandmother said she receives \$150.00 for clothes. She says “\$150.00 is just for a coat”. Two of the families receive supplemental security income; another three families receive death benefits from the mother’s death and 9% reports getting no help at all. Two of the eleven grandmothers thought it was “wonderful” and would do all over again.

When I asked the grandmothers whether their lives were different, seven answered “yes”. One grandmother said, “oh very, very diabolically yes”! Another grandmother said, “I don’t have the patience, if I go out I have to take the baby with me,” another complained about the Department of Social Services saying that “I was overwhelmed; the two social workers I had been dealing with hadn’t followed through with anything”. Three of the grandmothers said no. One said, “I think that is the Christian way of living, I don’t think I am the only one that feels that way,” but out of my sample of eleven, she in fact was the only one who did feel that way.

Will the grandparent remain the primary caregiver or will the child return to his/her parent(s)?

The majority of grandmothers will remain primary caregivers of their grandchildren. One grandmother whose granddaughter is now twenty-three said, “I hate to admit this but yes”. This is an example of how some are expected to care for these children well beyond the age of eighteen. Only one grandmother said no, she no longer considered herself primary caregiver because “he is twenty-one”. Four out of the eleven families have gone on to adopt the children, one has no legal guardianship of the child and has to rely on the mother and the remaining have legal guardianship.

The majority agree that the long term goal is to keep their grandchildren in school. One is not sure what the plan is, another said “she will be no better off in five years than she is today”, one grandmother fears her grandson will end up in a gang and would like to send him to military school.

What would happen to your grandchild if you could no longer care for him/her?

Grandparents have done no formal planning for the care of the children in the event of their incapacity. Out of eleven grandmothers, only two have a legal document giving the name of a guardian in the event of the grandparent’s death. Before taking on her grandson, one grandmother discussed it with her children so that when they went to court, they not only adopted the grandson, they had planned what would happen to him in case of the grandparent’s death. The other grandmother who has a guardian did so because, “before I could adopt my granddaughter I needed to have a guardian written in court but I don’t have it in a will”. As for the other grandmothers, it’s not that they don’t think about the future; they absolutely do. They are all concerned with education. One grandmother whose granddaughter has a disability worries about “services for her, companionship, she doesn’t have any friends”. One grandmother said, “we already set up a college fund for her and are gearing her mind to go that way, you know, her mother always drilled in her head to be somebody”.

In my interviews with the grandmothers I found them to be very open with their stories until I raised the topic of planning, asking what would happen to the grandchildren, do you have a will, and have you discussed this with any one. Nine out of the eleven do not have anything formal in place for guardianship of the grandchildren. Their plans are not clear. For example, when I transcribed the oral interview one grandmother wrote four pages trying to answer the question: what would happen to her granddaughter if something happened to her?

When a seventy-year old grandmother answered the question of what would happen to her granddaughter if she could no longer take care of her, at first her answer was, “well she is twenty-three and I don’t see her life changing so, if I were to die she would lose it. I asked her if she had a plan when she and her twin were younger, she responded: “I never thought about it”. One grandmother said “I ask the lord to let me make it another fifteen to twenty years I ain’t greedy just want to make sure they are alright”. If the grandmother lives another twenty years, she will live until the age of eighty. According to the Center for Disease, an African American woman can expect to live 62.7 years.

Professionals

In an attempt to fill gaps left by the grandparents, I interviewed people who work in or are involved in four different communities: Nicole Welch, a care advisor for Old Colony Elderly Services, Inc., Jass Stewart candidate running for mayor of Brockton, Constance Dilego, a social/outreach worker for the Plymouth Council on Aging, Representative John A. Lepper from the city of Attleboro, and Anna Deschamps, Assistant Director of the Wrentham Council on Aging. All community members admitted to knowing grandmothers who are sole caregivers of their grandchildren. The majority of these community members feel that resources for this population is limited. As a group they feel that grandparents raising their grandchildren is a growing problem and becoming a trend which most attribute to drugs and alcohol.

Recommendations

My recommendations for policy and programming for grandparent families are as follows: 1) Financial support for grandparents who cannot afford legal assistance with many legal implications of guardianship and planning; 2) Respite services and summer activities for the grandchildren; 3) Senior services and support groups for older persons which include child care, and; 4) Coordination between child welfare and elder services to get much needed resources to these families.

Areas for further research

Further research is needed in the area of grandparent as caregivers. The policies and practices in family court needs to be assessed as they deal with placing children with grandparents who may be elderly. Available interventions and services should be evaluated and adapted to better suit both the caregiver grandparent and grandchildren. Finally, society as a whole needs to look for ways to curtail the various situations that are putting grandparents in caregiving roles.